



2635

Please type plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

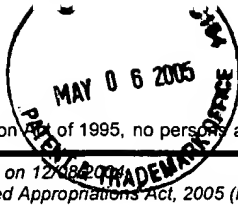
|   |                      |                             |
|---|----------------------|-----------------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/296,676                  |
|   | Filing Date          | April 22, 1999              |
|   | First Named Inventor | Devon David Cullum          |
|   | Group Art Unit       | 2635                        |
|   | Examiner Name        | B. Zimmerman                |
| Attorney Docket Number  |                      | 2269-7035US (96-0783.00/US) |

| ENCLOSURES (check all that apply)   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Postcard receipt acknowledgment (attached to the front of this transmittal)   | <input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A (08-00); <input type="checkbox"/> copy of cited references   | <input type="checkbox"/> Terminal Disclaimer  |
| <input checked="" type="checkbox"/> Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16 | <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references and Check No. 7651 in the amount of \$180.00   | <input type="checkbox"/> Terminal Disclaimer  |
| <input type="checkbox"/> Preliminary Amendment  | <input type="checkbox"/> Associate Power of Attorney   | <input type="checkbox"/> Terminal Disclaimer  |
| <input type="checkbox"/> Response to Restriction Requirement/Election of Species Requirement dated  | <input checked="" type="checkbox"/> Petition for Extension of Time and Check No. 7795 in the amount of \$120.00  |   |
| <input checked="" type="checkbox"/> Amendment in response to office action dated January 12, 2005   | <input type="checkbox"/> Petition  |   |
| <input type="checkbox"/> Amendment under 37 C.F.R. § 1.116 in response to final office action dated   | <input type="checkbox"/> Fee Transmittal Form  | <input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below):  |
| <input type="checkbox"/> Additional claims fee - Check No. in the amount of \$  | <input type="checkbox"/> Certified Copy of Priority Document(s)  | <b>Power of Attorney (37 C.F.R. § 1.34(a)), Revocation of Prior Power of Attorney (37 C.F.R. § 1.36) and Request to Change Correspondence Address (37 C.F.R. § 1.33(d)) with Statement Pursuant to 37 C.F.R. § 3.73</b> |
| <input type="checkbox"/> Letter to Chief Draftsman and copy of FIGS. with changes made in red   | <input type="checkbox"/> Assignment Papers (for an Application)  |   |
| <input type="checkbox"/> Transmittal of Formal Drawings   | Remarks  |   |
| <input type="checkbox"/> Formal Drawings ( sheets)  | <b>The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.</b> |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                   |                         |
|--|-------------------|-------------------------|
| Firm or Individual name                    | Kevin K. Johanson | Registration No. 38,506 |
| Signature                                  |                   |                         |
| Date                                       | May 4, 2005       |                         |

| CERTIFICATE OF MAILING  |                |      |             |
|---|----------------|------|-------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                |      |             |
| Typed or printed name   | Leta M. Howard |      |             |
| Signature   |                | Date | May 4, 2005 |

Burden Hour Statement: This form is estimated to take 12 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 300.00

### Complete if Known

|                      |                             |
|----------------------|-----------------------------|
| Application Number   | 09/296,676                  |
| Filing Date          | 4/22/1999                   |
| First Named Inventor | Devon David Cullum          |
| Examiner Name        | B. Zimmerman                |
| Art Unit             | 2635                        |
| Attorney Docket No.  | 2269-7035US (96-0783.00/US) |

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 20-1469 Deposit Account Name: TraskBritt, PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | _____          |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | _____          |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | _____          |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | _____          |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | _____          |

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

50

Each independent claim over 3 (including Reissues)

200

Multiple dependent claims

360

**Total Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

**Multiple Dependent Claims**

**Fee (\$)**

**Fee Paid (\$)**

\_\_\_\_\_ -20 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <b>Total Sheets</b> | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| _____               | _____               | _____   | _____           | _____                |

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x

#### 4. OTHER FEE(S)

Other (e.g., late filing surcharge) : Petition for Extension of Time - 1 Month

**Fees Paid (\$)**

120.00

Other (e.g., late filing surcharge) : Supplemental Information Disclosure Statement

180.00

### SUBMITTED BY

|                   |                   |                                      |             |           |              |
|-------------------|-------------------|--------------------------------------|-------------|-----------|--------------|
| Signature         |                   | Registration No.<br>(Attorney/Agent) | 38,506      | Telephone | 801-532-1922 |
| Name (Print/Type) | Kevin K. Johanson | Date                                 | May 4, 2005 |           |              |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.